Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless I displays a yald CMB control number. Approved for use through 7/31/2006 OMB 0661-0032 U.S. Paleril and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application or Docket Humber Effective December 8, 2004 0/822 APPLICATION AS FILED - PART I (Column 1) · (Column 2) OTHER THAN SMALL ENTITY OR. FOR SMALL ENTITY NUMBER FILED BASIC FEE NUMBER EXTRA (37 CFR 1 16(1) (b) or (c)) RATE (\$) FEE (S) NA SEARCH FEE RATE (\$) N/A FEE (1) AU-1 150.00 (37 CFR 1 16(N) 11. or (m)) NA N/A 300.00 N/A EXAMINATION FEE NA 137 CFR 1 16(a). (p). or (q)) N/A N/A NA TOTAL CLAIMS NA 137.CFR 1 18(4) NA INDEPENDENT CLAIMS ununa 50 · X\$ 25 (37 CFR 1 16(N)) X\$50 OR. minum 3 X100 il the specification and drawings exceed 100 APPLICATION SIZE X200 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(6)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 164) +180= \* If the difference in column 1 is less than zero, enter "O" in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) CLAIMS OTHER THAN SMALL ENTITY OR HIGHEST EMAINING SMALL ENTITY 10/31 105 NUMBER PRESENT AFTER RATE (\$) PREVIOUSLY AMENDMENT ADDI-EXTRA **AMENDIME** RATE (\$) PAID FOR Total profe Litera TIONAL ADOI-Minus TIONAL FEE (\$) H FEE (1) Independent D7 CFR 1.100.11 X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180= +360<sub>3</sub> OR TOTAL ADD'L FEE TOTAL OR (Calumn 1) ADO'L FEE (Column 2) CLAIMS (Column 3) HIGHEST REMAINING NUMBER PRESENT AFTER ENDMENT RATE (\$) PREVIOUSLY MENDMENT ADDI-EXTRA Total CHOPR.LINGI PAID FOR RATE (\$) TIONAL ADOL. Minus FEE (5) TIONAL FEE (\$) X\$ 25 Independent (37 CFR 1.180.1) Minus X\$50 OR Application Size Fee (37 CFR 1.16(e)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL H the entry in column 1 is less than the entry in column 2, write "O" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". ADD'L FEE TOTAL OR ADD'L FEE

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column t

is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to piccase) an application. Confidentiality is poverned by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. biding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS